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(571) 273-2885

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12/21/2005

JACOBSON HOLMAN PLLC 400 SEVENTH STREET N.W. **SUITE 600** WASHINGTON, DC 20004



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transmitted to the OSF TO (3/1) 2/3-2883, On the date	s mulcated below.
	(Depositor's name)
	(Signature)
	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR			ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/791,824	03/04/2004	Terence Boddy			P65372US1	3648
TITLE OF INVENTION: ELECTRONIC REVERSING AID WITH WIRELESS TRANSMITTER AND RECEIVER						
APPLN. TYPE	SMALL ENTITY	ISSUE FEE		PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$700		\$300	\$1000	03/21/2006
EXAMINER		ART UN	IT	CLASS-SUBCLASS		
PREVIL, DANIEL 20		2636		340-435000		
1. Change of correspondence address or indication of "Fee Address" (37 2. For printing on the patent front page, list			tTACOBS	ON HOLMAN DITC		

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"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,

(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

JACOBSON	HOLMAN	PLLC

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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY) 10791824

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Please check the appropriate assignee category or categories (will not be	pe printed on the patent):
4a. The following fee(s) are enclosed:  Issue Fee (700)  Publication Fee (No small entity discount permitted)(300)  Advance Order - # of Copies	4b. Payment of Fee(s):  ☐ A check in the amount of the fee(s) is enclosed.  ☑ Payment by credit card. Form PTO-2038 is attached(1000)  ☑ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 06-1358 (enclose an extra copy of this form).
5. Change in Entity Status (from status indicated above)  a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.	b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature	-1	Moly	Date	20 Marc	h 2006
Typed or printed name	John C	Holman	Registrat	tion No2	2,769

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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